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OPERATOR	

5a. Indicate Type of Lease  
State  Fee   
5. State Oil & Gas Lease No.  
**A-1212-1**

SUNDRY NOTICES AND REPORTS ON WELLS  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- 2. Name of Operator <b>Amoco Production Company</b> 3. Address of Operator <b>P.O. Box 68, Hobbs NM 88240</b> 4. Location of Well UNIT LETTER <b>C</b> <b>1105</b> FEET FROM THE <b>North</b> LINE AND <b>1485</b> FEET FROM THE <b>West</b> LINE, SECTION <b>9</b> TOWNSHIP <b>19-S</b> RANGE <b>38-E</b> N.M.P.M. 15. Elevation (Show whether DF, RT, GR, etc.) <b>3598.1' GR</b>	7. Unit Agreement Name 8. Farm or Lease Name <b>North Hobbs (GSA) Unit</b> 9. Well No. <b>153</b> 10. Field and Pool, or Wildcat <b>Hobbs GSA</b> 12. County <b>Lea</b>
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16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER _____ <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> OTHER _____ <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <b>Perforation</b> <input checked="" type="checkbox"/> ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

PQH with production equipment. RIH and set RBP at 4100' Perforated Grayburg intervals 4062-56, 50-44, 30-20 w/ JSPF. RIH with PPI ppr, set at 4062' and acidized perfs 4062-56, 50-44, and 30-20 in 1 ft intervals w/ 50 gals per ft of 15% NE HCl. All perfs communicated. Ran retrieving tool and ppr. to 4065' and spotted 100 gals acid. Re-set ppr. at 3872' and acidized 4020-4062 with 500 gals 15% NE HCl acid. Installed production equipment, seating nipple set at 4230'. Tested pump to 500 psi, tested OK. Returned well to production.

0+5 NMCD, H 1-JRB 1-FJN 1-BCC 1-Retro Lewis

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Mary C. Clark TITLE Asst. Admin. Analyst DATE 11-27-84  
 APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE NOV 30 1984  
 CONDITIONS OF APPROVAL, IF ANY: